Company Tracking Number: LIFE FRAUD - 1743

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Life Fraud End - 1743

Project Name/Number: /

# Filing at a Glance

Company: Kanawha Insurance Company

Product Name: Life Fraud End - 1743 SERFF Tr Num: HUMA-127033088 State: Arkansas
TOI: L07I Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num: 47971

Closed

Sub-TOI: L07I.101 Fixed/Indeterminate Co Tr Num: LIFE FRAUD - 1743 State Status: Approved-Closed

Premium - Single Life

Filing Type: Form Reviewer(s): Linda Bird

Author: Gary Newman Disposition Date: 02/22/2011
Date Submitted: 02/14/2011 Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

#### **General Information**

Project Name: Status of Filing in Domicile: Pending

Project Number: Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments: Filed

Simultaneously in our domicile state.

Explanation for Combination/Other: Market Type: Individual Submission Type: New Submission Individual Market Type:

Overall Rate Impact: Filing Status Changed: 02/22/2011

State Status Changed: 02/22/2011

Deemer Date: Created By: Gary Newman

Submitted By: Gary Newman Corresponding Filing Tracking Number:

Filing Description:

We are submitting form number Life Fraud End - 1743 for review and approval. The form is new and is not intended to replace any form currently on file with your Department. This new form is an endorsement that will be used/attached to previously approved policy forms to add fraud language to those policy forms.

Form Life Fraud End - 1743 will be used with the following previously approved life products:

Form 20305 1/88, approved for use in your state on 7/9/91;

Company Tracking Number: LIFE FRAUD - 1743

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Project Name/Number:

Form 00800 1/88, approved for use in your state on 9/16/91; and Form 00020 3/90, also approved for use in your state on 9/16/91.

In addition, the endorsement form may also be used with any new policy form that be approved by the Department in the future.

The endorsement form is in final print, subject to minor variations in formatting, duplexing, shading and fonts. While every effort is made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval.

Thank you for your attention to this filing. If you should have any questions, please contact me at 502-476-1423. My email address is gnewman@humana.com

## **Company and Contact**

#### **Filing Contact Information**

Gary Newman, Compliance Analyst gnewman@humana.com 500 W. Main St. 502-476-1423 [Phone]

Louisville, KY 40202

#### **Filing Company Information**

Kanawha Insurance Company CoCode: 65110 State of Domicile: South Carolina

210 South White Street Group Code: 119 Company Type:
Lancaster, SC 29721 Group Name: State ID Number:

(800) 635-4252 ext. [Phone] FEIN Number: 57-0380426

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# Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: \$50.00 per endorsement.

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

SERFF Tracking Number: HUMA-127033088 State: Arkansas

Filing Company: Kanawha Insurance Company State Tracking Number: 47971

Company Tracking Number: LIFE FRAUD - 1743

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Life Fraud End - 1743

Project Name/Number:

Kanawha Insurance Company \$50.00 02/14/2011 44667817

 SERFF Tracking Number:
 HUMA-127033088
 State:
 Arkansas

 Filing Company:
 Kanawha Insurance Company
 State Tracking Number:
 47971

Company Tracking Number: LIFE FRAUD - 1743

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Life Fraud End - 1743

Project Name/Number:

# **Correspondence Summary**

#### **Dispositions**

Status	Created By	Created On	Date Submitted
Approved-	Linda Bird	02/22/2011	02/22/2011
Closed			

 SERFF Tracking Number:
 HUMA-127033088
 State:
 Arkansas

 Filing Company:
 Kanawha Insurance Company
 State Tracking Number:
 47971

Company Tracking Number: LIFE FRAUD - 1743

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Life Fraud End - 1743

Project Name/Number:

# **Disposition**

Disposition Date: 02/22/2011

Implementation Date:
Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Application

Company Tracking Number: LIFE FRAUD - 1743

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

No

Product Name: Life Fraud End - 1743

Project Name/Number:

**Supporting Document** 

ScheduleSchedule ItemSchedule Item StatusPublic AccessSupporting DocumentFlesch CertificationYes

Supporting Document Life & Annuity - Acturial Memo No

Form Endorsement to Policy Yes

 SERFF Tracking Number:
 HUMA-127033088
 State:
 Arkansas

 Filing Company:
 Kanawha Insurance Company
 State Tracking Number:
 47971

Company Tracking Number: LIFE FRAUD - 1743

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Life Fraud End - 1743

Project Name/Number: /

## Form Schedule

Lead Form Number: Life Fraud End - 1743

nt or Rider

Schedule	Form	Form Type Form Name	Action	Action Specific	Readability	Attachment
Item	Number			Data		
Status						
	Life Fraud	Policy/Cont Endorsement to	Initial		56.200	Fraud End
	End - 1743	ract/Fratern Policy				Life 1743 .pdf
		al				
		Certificate:				
		Amendmen				
		t, Insert				
		Page,				
		Endorseme				

## KANAWHA INSURANCE COMPANY

[210 S. WHITE STREET] [LANCASTER, SC 29720] TELEPHONE: [877-378-1505] [PO BOX 610] [LANCASTER, SC 29721-0610]

## **ENDORSEMENT TO POLICY**

This Endorsement adds the following provision to the General Provisions section of Your Policy:

#### Fraud

Fraud is when any person(s) willingly and knowingly engage(s) in an activity intended to defraud Us, by submitting a Claim Form, Application or other form that contain(s) a false or deceptive statement, or other false information.

If You commit Fraud, You may also be guilty of the crime of insurance fraud and subject to fine(s) and or imprisonment, or both, if convicted.

If You commit Fraud against Us, as determined by Us, Your coverage ends automatically, without notice, as of the date Fraud is committed or as of the date otherwise determined by Us.

We reserve the right to recover any payments made by Us that were made to You and/or any party on Your behalf, based on fraudulent or misrepresented information.

No other provisions of Your Policy are affected by this Endorsement.

This Endorsement makes the changes stated above to the Policy. This Endorsement is made a part of and attached to the Policy.

1

Signed for the Company.

[President]

R. Hale Varyham

Company Tracking Number: LIFE FRAUD - 1743

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Life Fraud End - 1743

Project Name/Number:

# **Supporting Document Schedules**

Item Status: Status

Date:

Satisfied - Item: Flesch Certification

**Comments:** 

**Attachments:** 

Life Fraud End 1743 READABILITY CERT.pdf ARKANSAS CERTIFICATION.pdf

## READABILITY CERTIFICATION

Company Name: Kanawha Insurance Company						
		*				
NAIC Number: _	65110					
	57-0380426					
_						
Subject: <u>Life Fraud End – 1743, Endorsement to Policy</u>						
J	,		<del></del>			
As an officer of Kanawha Insurance Company, I hereby certify that the following form						
achieves a Flesch score that meets or exceeds requirements as follows:						
		-				
Form Nun	<u>nber</u>	Flesch Score				
<u>Life Frauc</u>	<u>l End - 1743</u>	56.2				
00.	10					
K. Hale	Varghan					
010	0					
			February 1, 2011			
R. Dale Vaughan,	Precident		Date			
K. Dale vaughan,	, i restuetti		Date			

#### ARKANSAS CERTIFICATION

I, <u>R. Dale Vaughan, President</u> of Kanawha Insurance Company, do hereby attest and certify to the following:

The Company has reviewed its issuance procedures. The Company is in compliance with Regulation 49, Life and Health Insurance Guaranty Association Notices.

This policy form submission, meets the provisions of Regulation 19, Unfair Sex Discrimination in the Sale of Insurance, as well as applicable requirements if the Arkansas Insurance Department.

Kanawha Insurance Company

R. Hale Varyham

R. Dale Vaughan, President

February 14, 2011

Date